

# FORM 1120A-ME 2004

## MAINE REVENUE SERVICES MAINE CORPORATE INCOME TAX RETURN SHORT FORM



For calendar year 2004 or tax year 04 to 04  
MM DD YY MM DD YY

Check here if you  
filed federal Form 990T ☐

Name of Corporation \_\_\_\_\_ Federal Employer ID Number \_\_\_\_\_  
Address \_\_\_\_\_ Federal Business Code \_\_\_\_\_ State of Incorporation \_\_\_\_\_  
City, Town, or Post Office \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Contact Person's First Name \_\_\_\_\_ Contact Person's Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_



**DO NOT USE THIS FORM UNLESS YOU MEET ALL REQUIREMENTS IN THE INSTRUCTIONS ON PAGE 5.  
IF YOU DO NOT MEET THESE REQUIREMENTS, YOU MUST FILE FORM 1120ME.**



### CHECK APPLICABLE BOXES:

(1) ☐ Initial return (2) ☐ Final return (3) ☐ Change of name/address

To amend your return, you  
must file 2004 Form 1120X-ME

**Note:** Line numbers for this form correspond to the same line numbers on Form 1120ME (see specific instructions)

1. **FEDERAL TAXABLE INCOME** (federal Form 1120, line 30 or Form 1120-A, line 26)  
If negative, enter a minus sign in the box to the left of the number ..... 1 ..... **.00**

2h. **STATE INCOME TAX REFUNDS** included in line 1 above ..... MINUS 2h ..... **.00**

2j. **BONUS DEPRECIATION/SECTION 179 EXPENSE RECAPTURE** ..... MINUS 2j ..... **.00**

4a. **INCOME TAXES IMPOSED BY MAINE** ..... PLUS 4a ..... **.00**

4g. **BONUS DEPRECIATION/SECTION 179 expense add-back** ..... PLUS 4g ..... **.00**

6. **MAINE NET INCOME.** If negative, enter a minus sign in the box to the left of the number ..... = 6 ..... **.00**

7a. **MAINE CORPORATE INCOME TAX** (see tax rates on page 6) ..... 7a ..... **.00**

8. Enter the amount of any **ESTIMATED TAX PAYMENTS** and **EXTENSION PAYMENTS** ..... MINUS 8 ..... **.00**

9b. Enter **PENALTY FOR UNDERPAYMENT** of estimated tax ..... PLUS 9b ..... **.00**

9c. **TAX DUE** (If line 7a minus line 8 plus line 9b is positive, enter that amount here) ..... = 9c ..... **.00**

10. Amount of **OVERPAYMENT** (If line 7a minus line 8 plus line 9b is negative, enter that amount here) ..... = 10 ..... **.00**

11a. Amount of **OVERPAYMENT TO BE CREDITED** to next year's liability ..... 11a ..... **.00**

11b. Amount of **OVERPAYMENT TO BE REFUNDED** ..... 11b ..... **.00**

CORPORATION PRESIDENT'S NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

TREASURER'S NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

DATE \_\_\_\_\_ OFFICER'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE AND ADDRESS OF PREPARER (INDIVIDUAL OR FIRM) \_\_\_\_\_ PREPARER'S SSN OR PTIN \_\_\_\_\_

**THIS RETURN MUST BE ACCOMPANIED BY A LEGIBLE COPY OF THE  
U.S. CORPORATION INCOME TAX RETURN, FEDERAL FORM 1120,  
PAGES 1-4 OR 1120A, PAGES 1 & 2 FOR THE SAME TAXABLE PERIOD.**



File return with:  
Maine Revenue Services  
P.O. Box 1062  
Augusta, ME 04332-1062

### Office Use Only

\_\_\_\_\_ LG

DO NOT STAPLE OR TAPE FORMS TO YOUR RETURN. DO NOT SEND PHOTOCOPIES OF RETURNS.